

## REPORT OF EMPLOYMENT

## Division of Personnel Administration

Form 555-300M 6/82-160297

ORIGINATOR (DEPT. DIVISION, BUREAU)					PAYROLL NO.	DATE PREPARED			
DPH - Division of Human Resources Center for Laboratories and Communicable Disease					294 1730	3/1/90			
To: The Personnel Administrator I certify there are sufficient funds available and unencumbered for this position under the appropriation number shown. I hereby notify you of the following action. If approval is required, I request such approval.					Collective Bargaining Unit <u>09</u> Managerial _____ Confidential _____ Unassigned _____				
NEW EMPL.	LAST NAME	FIRST	INITIAL	NO.	STREET	CITY OR TOWN	STATE	ZIP	
1	/2 Briggs, Elisabeth	L.	/3						
SOCIAL SECURITY NO.	APPROPRIATION NO.	POSITION NO.	TYPE OF ACTION	INTERMITTENT	PART TIME	EFFECTIVE DATE	REQUIS OR REFER NO.	SEQ. NO.	PAYROLL TITLE CODE
/A	/B		/80 T	/E	/F	/G 03/11/90	/H	/I	/K 18-Y19
STEP	SALARY RATE AMOUNT	CODE	VET-MAR STATUS	TOUR OF DUTY	AUTHORIZED-TO-DATE	RACIAL/ETHNIC ID	BIRTHDAY	DATE OF NEXT STEP	LAST DATE ON PAYROLL
1	512.54	/0 2	/O	/T	/U 2	/V		/W 03/10/91	/X
CIVIL SERVICE ONLY						NON-CIVIL SERVICE			
<input checked="" type="checkbox"/> Enter "X" if action is a Provisional Appointment of a Non-Veteran, and complete the Ch. 31, S. 26 certification below.						Note: Form 15A must be attached in case of Provisional Promotion. Form 40 must be attached in case of Provisional Appointment. <input type="checkbox"/> Enter "X" if position is not subject to Civil Service.			
PAYROLL TITLE OF POSITION				PERM. OR TEMP.	POSITION LOCATION NAME				TYPE OF SERVICE CODE
CHEMIST I				T	CLCDC - 4516-1011				

REMARKS:

NEW POSITION

## PERSONS APPOINTED OR PROMOTED FROM A CIVIL SERVICE ELIGIBLE LIST MUST READ AND SIGN THE FOLLOWING CERTIFICATE:

I hereby accept employment with the understanding that, under Civil Service Laws and Rules, permanent appointments are subject to a probationary period of six months (except twelve months for MDC and Capitol Police). The probationary period does not apply to promotion.

I hereby certify that I have been notified that the action described below is to take place.

ACTION TO BE TAKEN	SIGNATURE OF APPOINTEE	DATE SIGNED
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STATEMENT OF APPOINTING AUTHORITY: Reasons justifying request for transfer or reinstatement. Reason for emergency. Reason for leave of absence (if for illness, state if it has been evidenced by a doctor's certificate).

PROVISIONAL APPOINTMENT OF A NON-VETERAN. (Chapter 31; Section 26) I hereby certify that (1) I have asked the Personnel Administrator to furnish a list of all Veterans who have filed applications for the kind of work/title called for by this provisional appointment; (2) I have notified by mail each of said Veterans named by the Personnel Administrator; and (3) I could not find a qualified Veteran willing to accept the position.

Signature of officer authorized  
by law to make appointments:

Date:

DIVISION OF PERSONNEL ADMINISTRATION		COMPTROLLER'S PAYROLL UNIT STAMP	
Approved by:	Date		